



GEORGIA STATE BOARD OF BARBERS
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858

TRANSCRIPT OF BARBER APPRENTICE TRAINING

This form is to be submitted to the Board office.

It is hereby certified that _____

Apprentice Last Name First Name Middle Name

Apprentice License. # _____

Shop Name _____ Shop License No. _____

Completed the following hours from _____ to _____

MM/DD/YYYY MM/DD/YYYY

Master Signature _____ Master License No. _____

Apprentice Signature _____

Hours can only be obtained during the period of time that the apprentice is licensed. If an apprentice changes master supervisor or shop where he/she is apprenticing, a new apprentice application must be submitted. If the shop changes ownership, name or location causing a new license number to be issued, a new apprentice application must be submitted. Hours can only be obtained during the period of time that the apprentice, master and shop license are active. Only one apprentice renewal is allowed.

| Courses | Hours Required | Hours Completed |
|---|----------------|-----------------|
| Theory | 400 | |
| Hairstyling Techniques & Cutting | 1000 | |
| Shaving | 50 | |
| Shampooing | 10 | |
| Facials | 20 | |
| Scalp Treatment Techniques | 20 | |
| Permanent Waving, Relaxing and Chemical Application | 400 | |
| Additional Instruction | 1100 | |
| Total Hours | 3000 | |

Sworn to and subscribed before me
This ____ day of _____, _____

NOTARY SEAL

Notary Signature My Commission Expires

**APPRENTICE HOURS ARE DUE UPON COMPLETION OF THE APPRENTICESHIP,
OR IF THERE IS A CHANGE OF SHOP OR MASTER BARBER.**